



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(City)*                      *(State)*                      *(Postal/Zip Code)*  
\_\_\_\_\_  
*(Province – if applicable)*                      *(Country – if not US)*

9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:

\_\_\_\_\_  
*(mm/dd/yyyy)*

10. (Optional) Delayed effective date:

\_\_\_\_\_  
*(mm/dd/yyyy)*

11. Name(s) and address(es) of incorporator(s): (if an individual)

**Hauptman**                      **R.**                      **Regan**  
\_\_\_\_\_  
*(Last)*                      *(First)*                      *(Middle)*                      *(Suffix)*

**OR** (if a business organization)

**9468 West 58th Avenue**  
\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

**Arvada**                      **CO**                      **80002**  
\_\_\_\_\_  
*(City)*                      *(State)*                      *(Postal/Zip Code)*  
**United States**  
\_\_\_\_\_  
*(Province – if applicable)*                      *(Country – if not US)*

(if an individual)

\_\_\_\_\_  
*(Last)*                      *(First)*                      *(Middle)*                      *(Suffix)*

**OR** (if a business organization)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
*(City)*                      *(State)*                      *(Postal/Zip Code)*  
**United States**  
\_\_\_\_\_  
*(Province – if applicable)*                      *(Country – if not US)*

(if an individual)

\_\_\_\_\_  
*(Last)*                      *(First)*                      *(Middle)*                      *(Suffix)*

**OR** (if a business organization)

\_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
*(City)*                      *(State)*                      *(Postal/Zip Code)*  
**United States**  
\_\_\_\_\_  
*(Province – if applicable)*                      *(Country – if not US)*

(If more than three incorporators, mark this box  and include an attachment stating the names and addresses of all incorporators.)

12. The nonprofit corporation is formed under the Colorado Revised Nonprofit Corporation Act.
13. The corporation will  **OR** will not  have voting members.
14. A description of the distribution of assets upon dissolution is attached.
15. Additional information may be included pursuant to §7-122-102, C.R.S. and other organic statutes. If applicable, mark this box  and include an attachment stating the additional information.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Kinsman	J.	Christopher	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
1700 Lincoln Street			
<i>(Street name and number or Post Office Box information)</i>			
Suite 2400			
Denver	CO	80203	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
	United States		
<i>(Province – if applicable)</i>	<i>(Country – if not US)</i>		

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)*

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

Click the following links to view attachments

[Attachment 1](#)

Additional Information Attachment to Lake Front